



Renaissance One  
Two North Central Avenue  
Phoenix, Arizona 85004-2391  
602.229.5200  
Fax 602.229.5690  
www.quarles.com

Attorneys at Law in  
Milwaukee and Madison, Wisconsin  
Naples and Boca Raton, Florida  
Phoenix and Tucson, Arizona  
Chicago, Illinois

## Facsimile Transmission Form

RECEIVED  
CENTRAL FAX CENTER

Date: September 14, 2005

SEP 14 2005

<b>To:</b>	<b>Fax No.</b>	<b>Phone No.</b>
Name Company/Firm City, State Zip Country	U.S. Patent and Trademark Office Art Unit: 3677, Examiner: Lavender, J. <b>571-273-8300</b>	

<b>From:</b>	Robert D. Atkins	602-229-5690	602-229-5311
<b>Re:</b>	USSN: 10/613,281		

Message:

IF YOU HAVE PROBLEMS RECEIVING THIS FACSIMILE, PLEASE CALL US IMMEDIATELY AT:  
602.229.5361

No. of Pages (Including Cover): 6	Job Code: _____	
Client - Matter No.: 121236.00003	Time Keeper: RATKINS	
Recipient: U.S. Patent and Trademark Office	Return To:	MONEILL
Requestor Name: _____	Phone No.: _____	

IMPORTANT: THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND/OR CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA REGULAR POSTAL SERVICE. THANK YOU.

RECEIVED  
OICE/IAP

SEP 15 2005

RECEIVED  
CENTRAL FAX CENTER

SEP 14 2005

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/613,281	
	Filing Date	July 3, 2003	
	First Named Inventor	Michael D. Brookshire	
	Group Art Unit	3677	
	Examiner Name	Jack W. Lavender	
Total Number of Pages in This Submission	5	Attorney Docket Number	121236.00003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Robert D. Atkins, Reg. No. 34,288, QUARLES & BRADY STREICH LANG LLP
Signature	<i>Robert D. Atkins</i>
Date	September 14, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at facsimile number (703) 872-9306, or deposited with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Maritza O'Neill
Signature	Date September , 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180

## Complete if Known

Application Number 10/613,281  
Filing Date July 3, 2003  
First Named Inventor Michael D. Brookshire  
Examiner Name Jack W. Lavender  
Art Unit 3677  
Attorney Docket No. 121236.00003

RECEIVED  
CENTRAL FAX CENTER  
SEP 14 2005

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady LLP.  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	1000
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3						

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

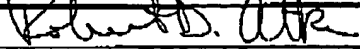
Non-English Specification, \$130 fee (no small entity discount)

Other: (1806) Information Disclosure Statement

Fees Paid (\$)

\$180

## SUBMITTED BY

Signature		Registration No. 34,288 (Attorney/Agent)	Telephone 602-229-5311
Name (Print/Type)	Robert D. Atkins		Date Sept. 14, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PYO-9199 and select option 2.

1955090

## IN THE UNITED STATES PATENT &amp; TRADEMARK OFFICE

Applicant : Michael D. Brookshire  
Application No. : 10/613,281  
Date of Filing : July 3, 2003  
Title : *METHOD OF FACETING GEMSTONES TO PRODUCE  
SPIRALING EFFECT*  
Art Unit : 3677  
Examiner : Jack W. Lavender  
USPTO Customer No. : 26707  
Attorney Docket No. : 121236.00003

RECEIVED  
CENTRAL FAX CENTER

SEP 14 2005

---

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. § 1.97

---

## MS AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

Dear Sir:

Applicant hereby brings to the attention of the Examiner the documents noted on the accompanying Form PTO-1449. This Information Disclosure Statement is being filed after to the mailing date of an Office Action on the merits.

It is respectfully requested that the information cited herein be expressly considered during the prosecution of this application and made of record on any patent to issue therefrom. Inclusion of a reference on the enclosed Form PTO-1449 is not to be construed as indicating the reference is prior art with respect to the subject application. Submission of this Information Disclosure Statement is not to be taken as evidence that a search has been conducted.

The Commissioner is hereby authorized to charge any cost that may be due to Deposit Account No. 17-0055.

09/15/2005 YPOLITE1 00000030 170055 10613281

01 FC:1806 180.00 DA

September 14, 2005

Respectfully submitted,  
QUARLES & BRADY STREICH LANG LLPBy:   
Robert D. Atkins, Reg. No. 34,288

Address all correspondence to:  
Robert D. Atkins  
Quarles & Brady Streich Lang LLP  
One Renaissance Square  
Two North Central Avenue  
Phoenix, AZ 85004  
Telephone: 602-229-5311  
Facsimile: 602-229-5690  
Email: [rda@quarles.com](mailto:rda@quarles.com)



